

Name
in
Full

CERTIFICATE OF DEATH

Thomas Reus. Bigus

Died at near Ellicott City

Howard

MARYLAND

Date of death 1907 July 23 Age 7 Months 7 Days

Sex Male Color or Race (Cauc) Birth-place Maryland

Married, Single or Widowed Single Occupation none

Name of Wife or Husband none

Father's Name Reus. Bigus Father's Birthplace Maryland

Mother's Maiden Name Rose Godman Mother's Birthplace Maryland

Name of person giving information Miss Martha G. Clark How related to deceased None

CAUSES OF DEATH

(105)

Primary Cholera Infantum How long 12 hours

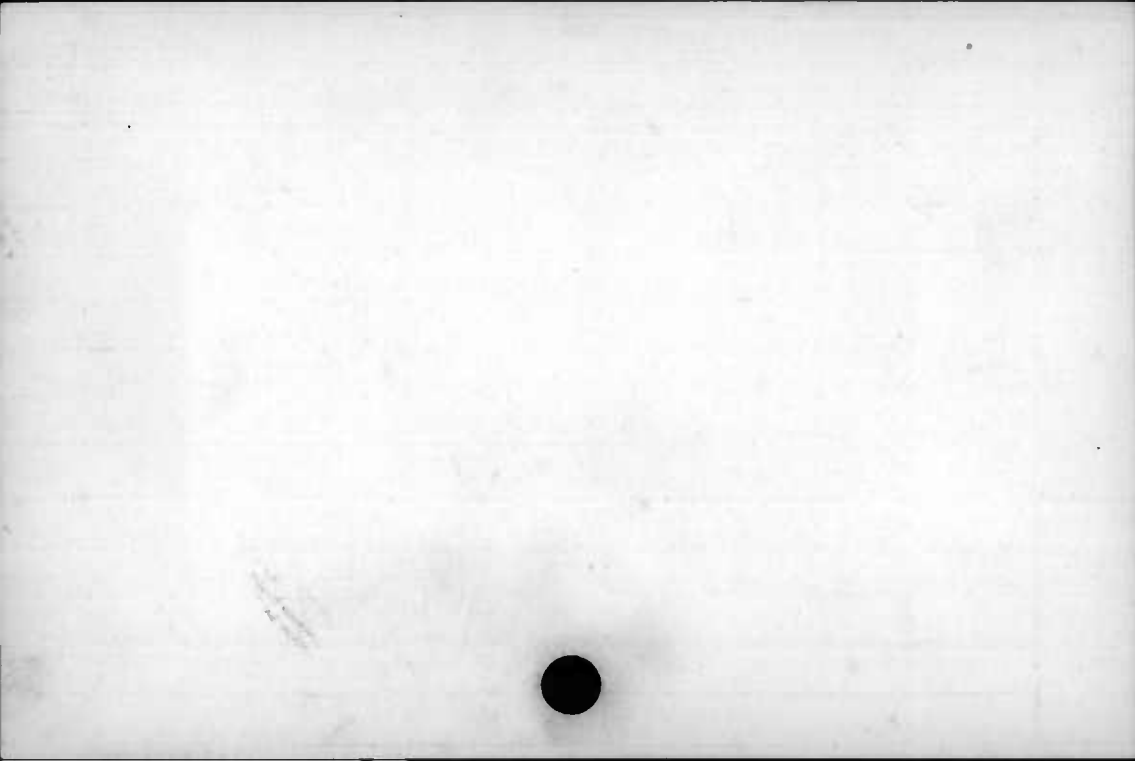
Immediate Auto intoxication How long 6 hours

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician H. C. Stone

Address Ellicott City Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

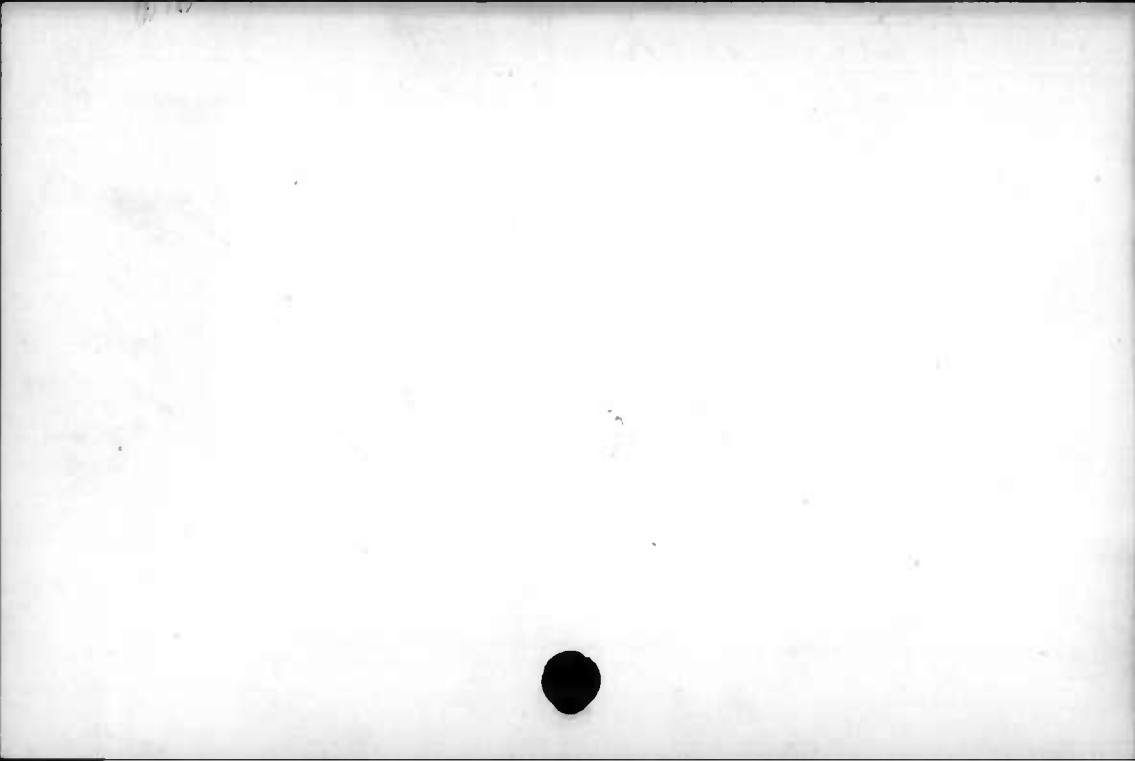
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pine Orchard</i>		Town <i>Howard</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>July</i>		Day <i>11th</i>		Years <i>70</i>	
Sex <i>Male</i>		Color or Race <i>(Cauc)</i>		Birthplace <i>Maryland</i>		Months <i>0</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death		Days <i>0</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Reynolds</i>					
Father's Name <i>Not known</i>		Father's Birthplace <i>Not known</i>					
Mother's Maiden Name <i>Not known</i>		Mother's Birthplace <i>Not known</i>					
Name of person giving information <i>Emory Blackwell</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senility</i>	How long <i>154</i>
Immediate <i>Asthemia</i>	How long <i>about 1 year</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm B. Gaubril</i>
	Address <i>Alberton, Md.</i>
Accident or Suicide?	



Name
in
Full

Henry Brummer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mar</i> <i>Elliot</i> <i>City</i>		Town <i>Howard</i>		County		MARYLAND							
Date of death <i>1907</i>		Month <i>7</i>		Day <i>9</i>		Age <i>86</i>		Years <i>3</i>		Months <i>7</i>		Days	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Switzerland</i>									
Occupation <i>Merchant</i>		Where Residing if not at place of death <i>at his home.</i>											
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Mary E. Brummer</i>											
Father's Name <i>Henry Brummer</i>		Father's Birthplace <i>Switzerland</i>											
Mother's Maiden Name <i>Johnson</i>		Mother's Birthplace <i>Switzerland</i>											
Name of person giving information <i>Robert Brummer</i>		How related to deceased <i>Son.</i>											

CAUSES OF DEATH

63

PHYSICIAN
OR CORONER

Primary <i>Acute Transverse Myelitis</i>	How long <i>4 mrs</i>
Immediate <i>Exhaustion</i>	How long <i>progressive</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Williams MD</i>
	Address <i>Savage</i>
Accident or Suicide? <i>Neither</i>	<i>W.H.</i>



Name
in
Full

Blanch Botley

CERTIFICATE OF DEATH

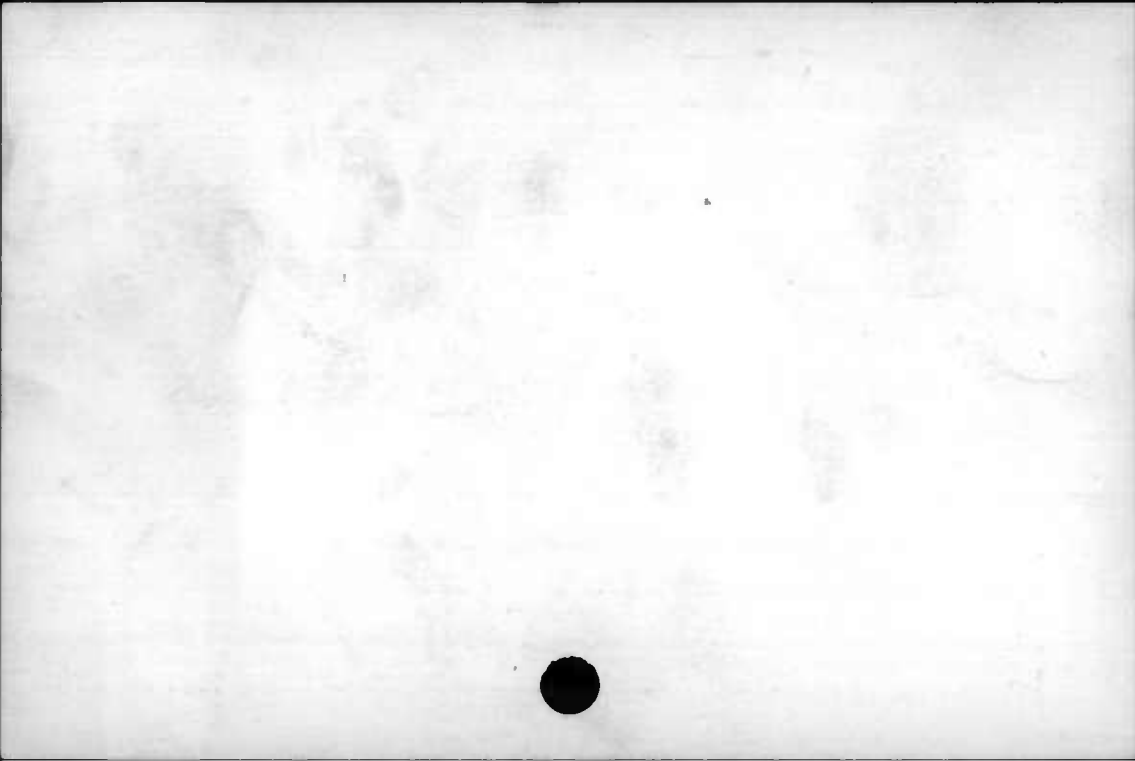
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town North Laurel		County Howard		MARYLAND	
Date of death		1907	Month July	Day 5	Age 11	Months —	Days —
Sex Female		Color or Race Colored		Birth-place Md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name John Botley		Father's Birthplace Md					
Mother's Maiden Name Sofey Gibson		Mother's Birthplace Md					
Name of person giving information Sofey Botley		How related to deceased Mother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever. (1)	How long	2 weeks.
Immediate	Hemorrhage	How long	2 hrs.
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. R. Hunt M.D.	
Address		Laurel Md	
Accident or Suicide?			



Name
In
Full

Leeroy C Fuller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellicott City</i> <small>Town</small>		<i>Howard</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>July</i> <small>Month</small>	<i>12</i> <small>Day</small>	<i>no</i> <small>Years</small>	<i>10</i> <small>Months</small>	<i>12</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>colored</i>	Birth-place <i>Maryland</i>			
Occupation <i>none</i>	Where Residing if not at place of death <i>Ellicott City</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>William H Fuller</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Ida Washington</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>William Fuller</i>	How related to deceased <i>Father</i>				

Caused by a fall on his head.

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <i>Traumatic meningitis</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>

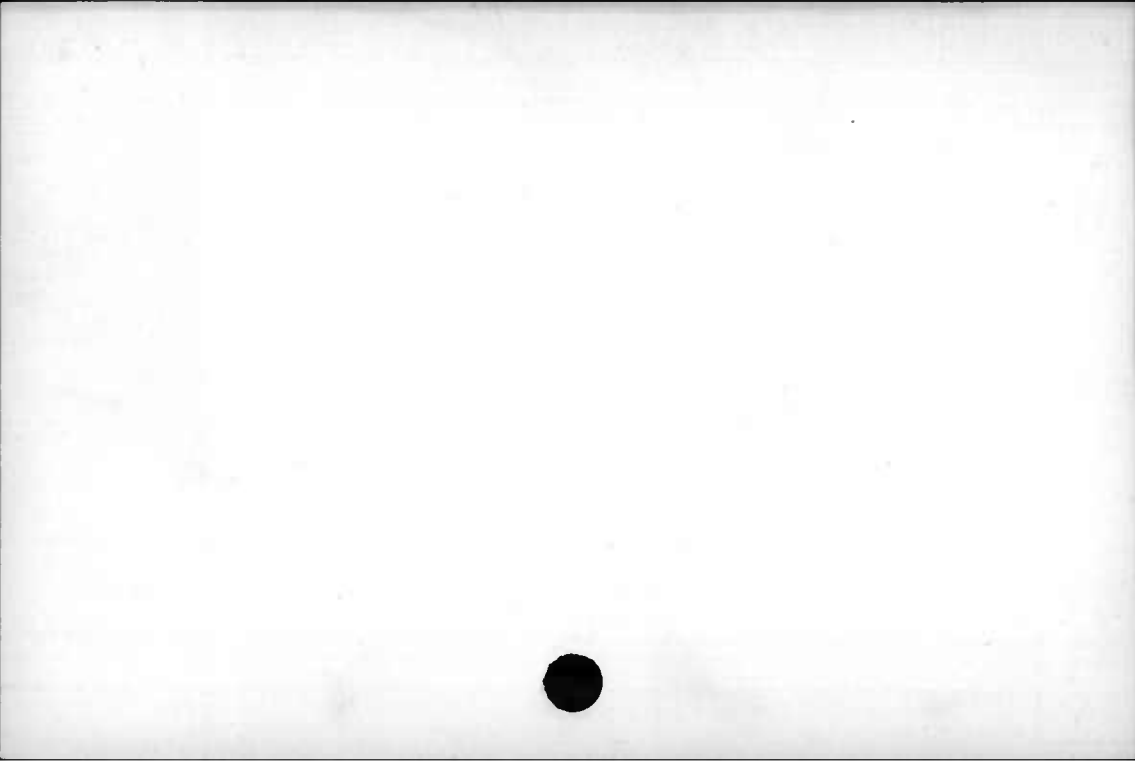
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Patient fell on his head two or three weeks prior to his last illness.

Accident ☒ Suicide? ☐John P. Manger M.
Ellicott City



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Maible Gardner</i>		Town <i>Prm Richard Howard</i>		County		STATE <i>MARYLAND</i>	
Died at <i>Prm Richard Howard</i>		Month <i>July</i>		Day <i>17</i>		Years <i>7 mo</i>	
Date of death <i>1907</i>		Months <i>7</i>		Days <i>no</i>			
Sex <i>Girl</i>		Color or Race <i>Colored</i>		Birth-place <i>Md</i>			
Occupation <i>No</i>		Where Residing if not at place of death <i>Prm Richard</i>					
Married, Single or Widowed <i>SA</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>Wm Gardner</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Hester Tommie</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Wm Gardner</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

109

PHYSICIAN
OR CORONER

Primary <i>Constipation</i>		How long <i>3 days</i>	
Immediate <i>Auto intoxication</i>		How long <i>18 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W C Stone</i>	
		Address <i>Ellicott City, Md</i>	
Accident or Suicide?			

Emie Orchard

Name
in
Full

Emily Hawkins

CERTIFICATE OF DEATH

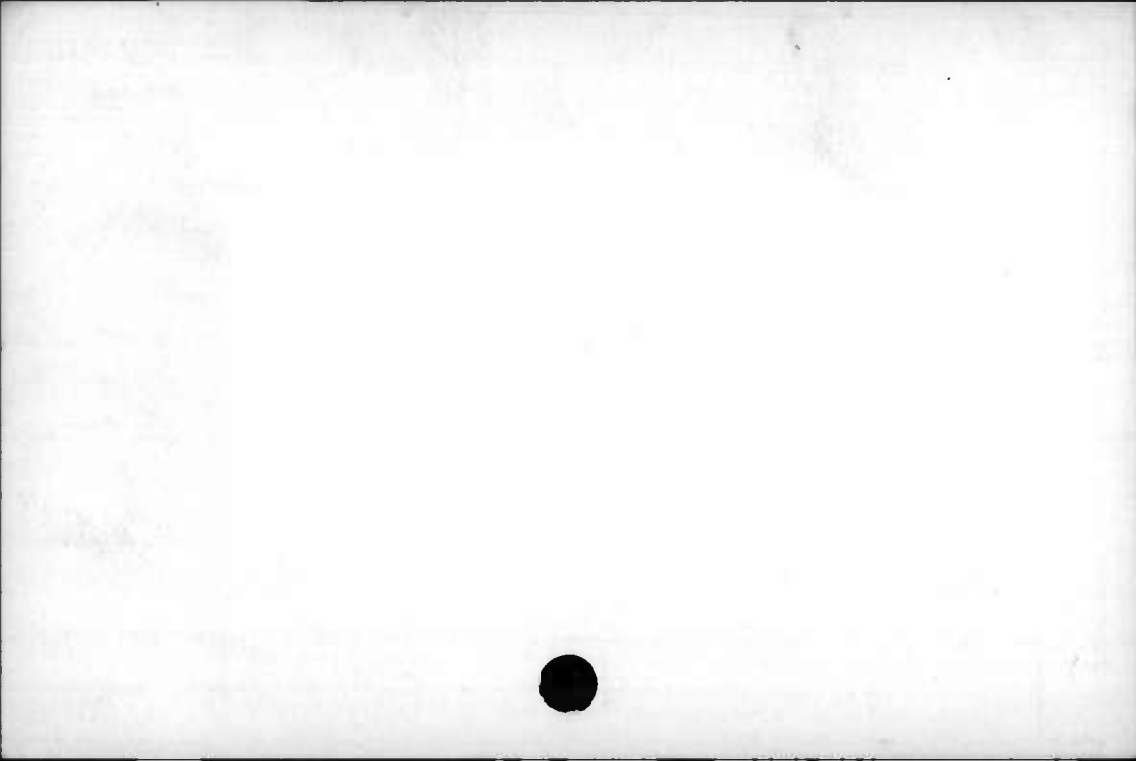
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Elk Ridge</u> Town		<u>Howard</u> County		MARYLAND	
Date of death	1907	Month	July	Day	17
Age	33	Years		Months	✓
Sex	Female	Color or Race	Colored	Birth-place	Ma
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Joseph Hawkins			Father's Birthplace	Ind
Mother's Maiden Name	Emily Barnes			Mother's Birthplace	Ma
Name of person giving information	Basel Hawkins			How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Consumption</u>	(27)	How long	6 months
Immediate				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
yes		H. T. Tamm		
		Address		
		Elk Ridge		
		Md		
Accident or Suicide?				



Name
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Full

CERTIFICATE OF DEATH

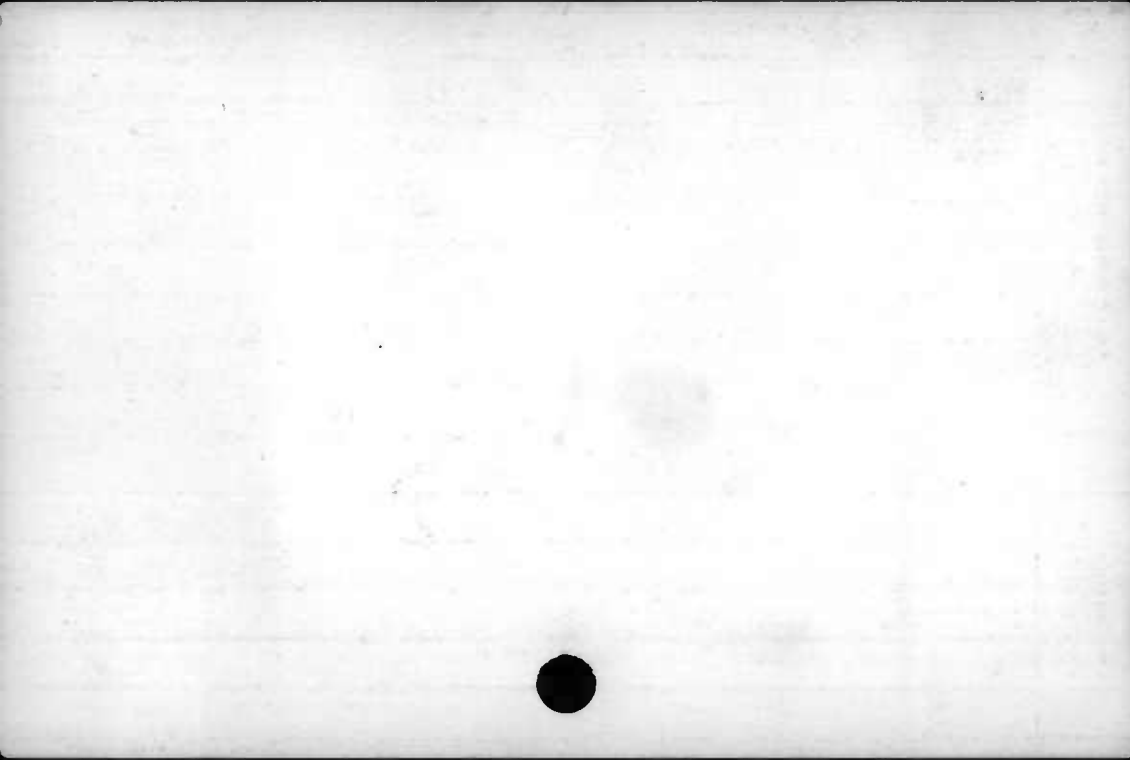
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Glenelge</i> ^{Town}		<i>Iglehart</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>28</i>	Age <i>dead born</i> ^{Years}	<i>Months</i>	<i>Days</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Glenelge Ind</i>		
Occupation			Where Residing if not at place of death <i>at home</i>		
<input checked="" type="checkbox"/> Married, Single or <input checked="" type="checkbox"/> Widowed		Name of Wife or Husband			
Father's Name <i>Alva E. Iglehart</i>			Father's Birthplace <i>Glenelge Ind</i>		
Mother's Maiden Name <i>Jane M. Slack</i>			Mother's Birthplace <i>Mount View Ind</i>		
Name of person giving information <i>Alva E. Iglehart</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>died during labor</i>	How long <i>25 minutes</i>
Immediate <i>antepartum haemorrhage</i>	How long <i>about 25 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Bert' F. Shufley</i>
	Address <i>alpha</i>
	<i>Howard Co Ind</i>
Accident or Suicide?	



Name
in
Full

Ruth Lilly

CERTIFICATE OF DEATH

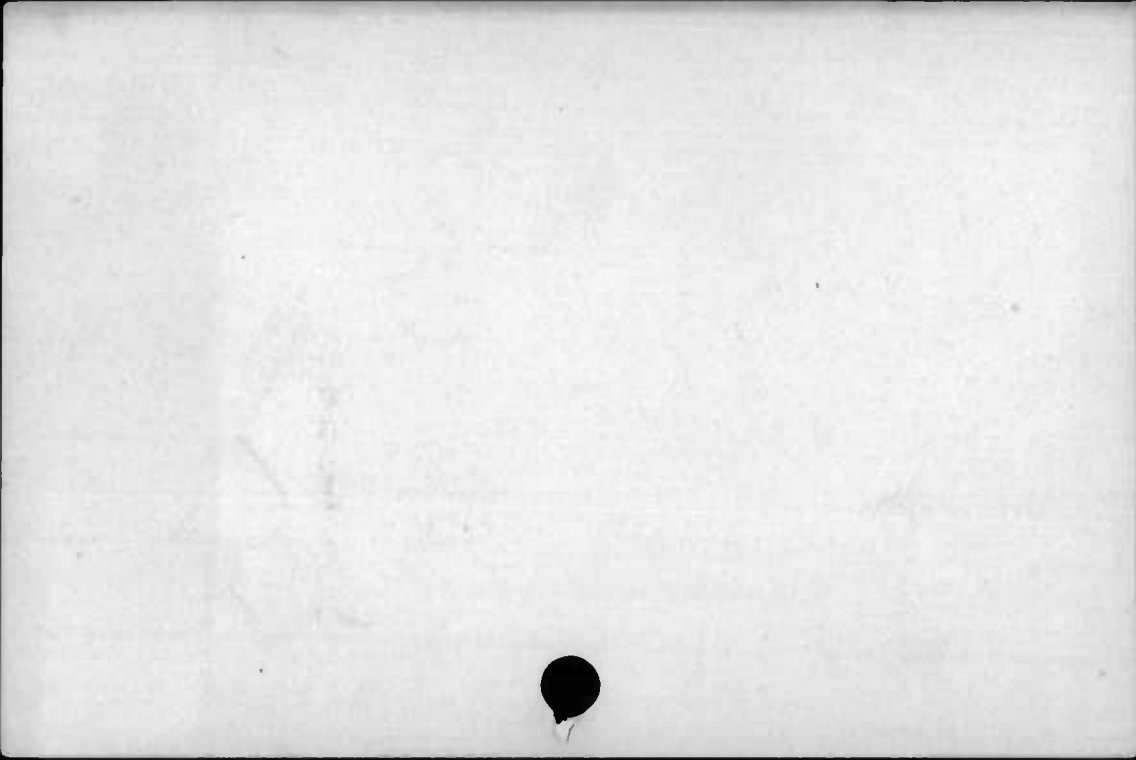
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town, <i>Elk Ridge</i>		County <i>Howard</i>		MARYLAND	
Date of death	1907	Month <i>July</i>	Day <i>27</i>	Age <i>1</i>	Months <i>4</i>	Days <i>18</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Elk Ridge Maryland</i>				
Occupation <i>none</i>			Where Residing if not at place of death <i>Elk Ridge</i>				
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>Robert H Lilly</i>		✓		Father's Birthplace <i>Virginia</i>			
Mother's Maiden Name <i>Green</i>				Mother's Birthplace <i>Virginia</i>			
Name of person giving information <i>Robert H Lilly</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Enterocolitis</i>	<i>105</i>	How long	<i>10 days</i>
Immediate	<i>ss and meningitis</i>		How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>Arthur Williams</i>	
			Address <i>Elk Ridge Ind</i>	
Accident or Suicide?		<i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

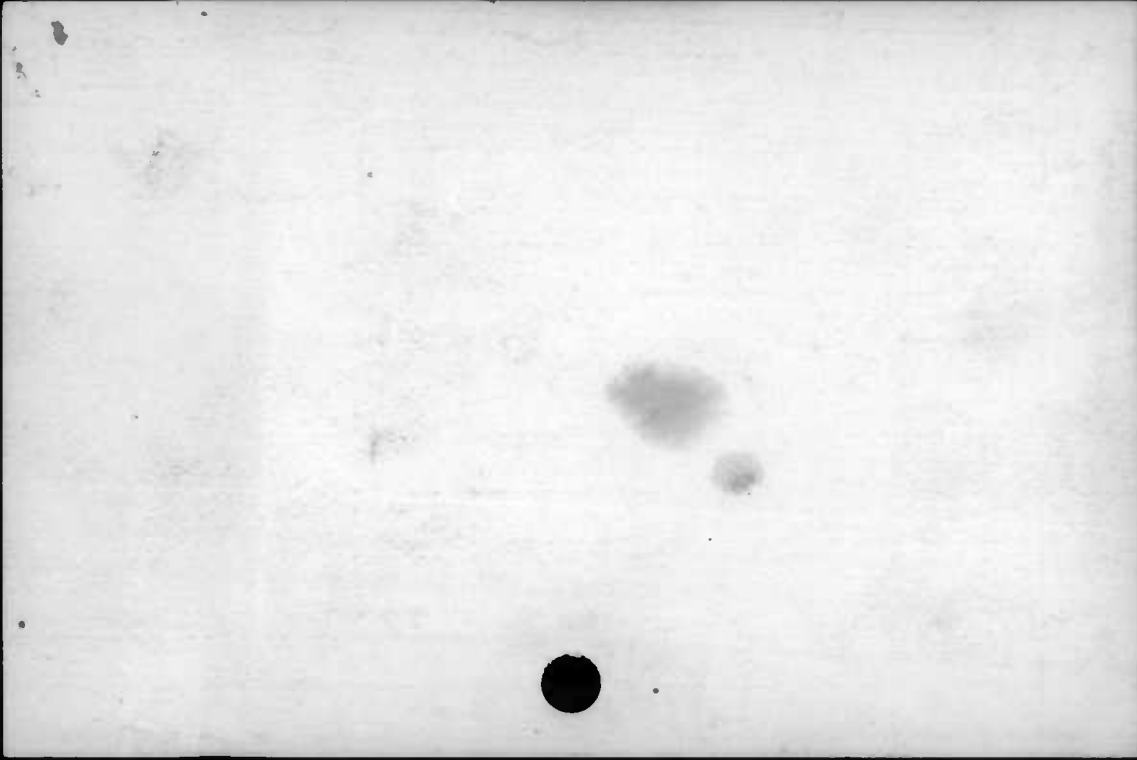
Name <i>Raymond McDonald</i>		Town <i>near Laurel</i>		County <i>Howard</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1907 July 31</i>		<i>4</i>		<i>5</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Laurel Md</i>		Days <i>8</i>	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>George McDonald</i>				Father's Birthplace <i>Laurel Md</i>			
Mother's Maiden Name <i>Emma J. Magne</i>				Mother's Birthplace <i>Md</i>			
Name of person giving information <i>George McDonald</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Euteric Colitis</i>		How long <i>3 weeks</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. H. P. R. R. R.</i>	
		Address <i>Laurel Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

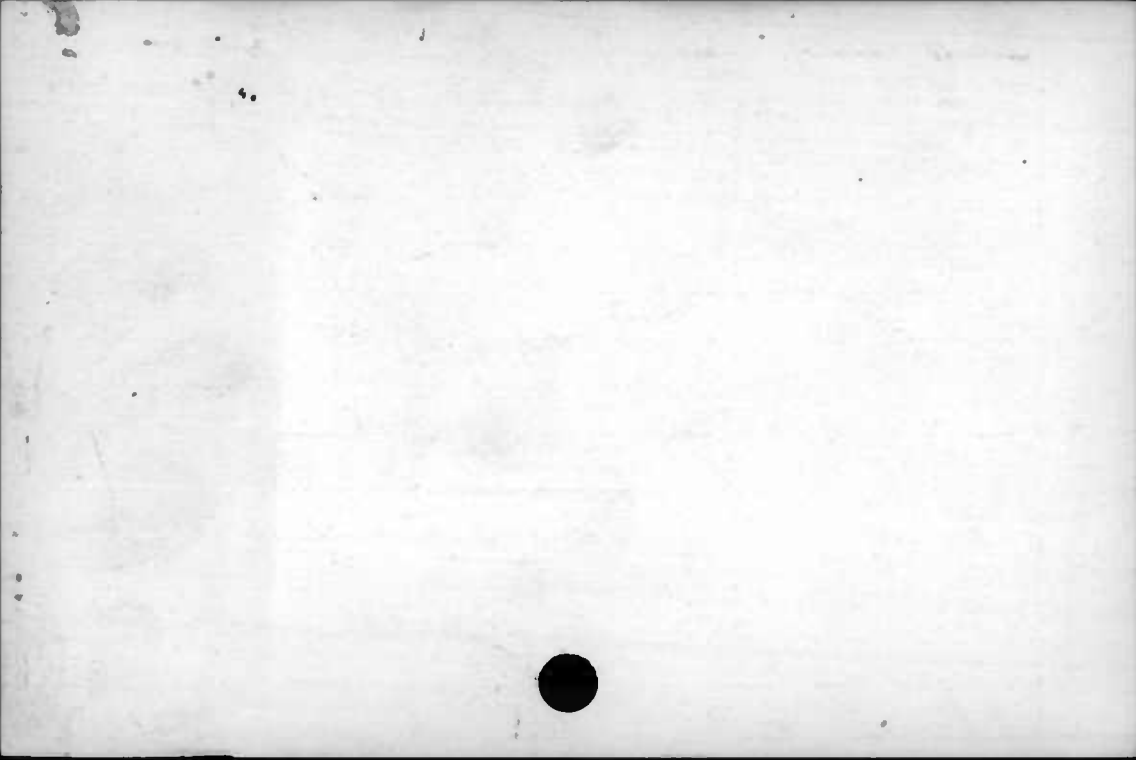
Died at <i>Coltsville</i>			County <i>Howard</i>			MARYLAND		
Date of death	1907	Month <i>July</i>	Day <i>30</i>	Age	Years	Months <i>8</i>	Days	
Sex <i>Male</i>	Color or Race <i>Black</i>			Birth-place <i>md</i>				
Occupation <i>mn</i>	Where Residing if not at place of death			<i>"</i>				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband							
Father's Name <i>Randolph Moor</i>	Father's Birthplace <i>md</i>							
Mother's Maiden Name <i>Emmya J. Henson</i>	Mother's Birthplace <i>md</i>							
Name of person giving information <i>Randolph Moor</i>	How related to deceased <i>Father</i>							

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>5 days</i>
Immediate <i>Convulsions</i>	How long <i>few hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. R. Henson</i>
	Address <i>Laurel</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

Geo Paul

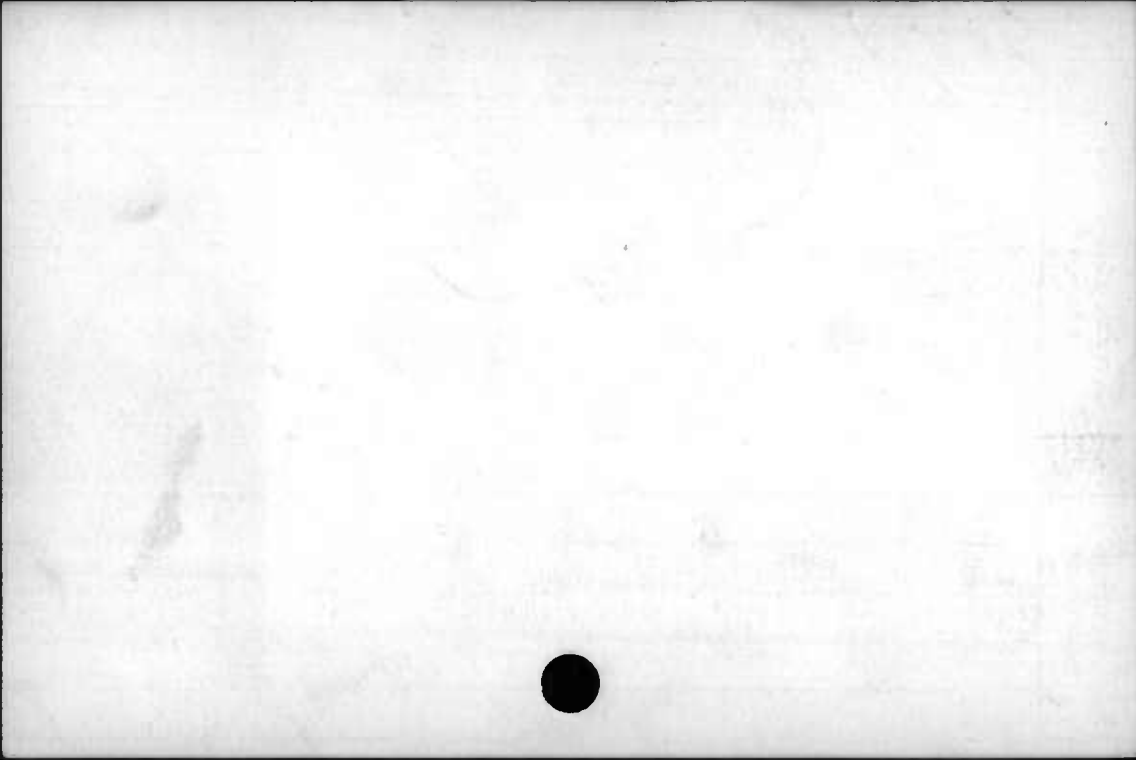
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elk Ridge</i> ^{town}		County <i>Howard</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>7</i>	Day <i>5</i>	Years <i>59</i>	Months <i>6</i>	Days <i>11</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Occupation <i>Well digger</i>	Where Residing if not at place of death <i>207 S Fulton ave Bld</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ida Laurich</i>				
Father's Name <i>Trangott Laurich</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information <i>Ida Paul</i>	How related to deceased <i>wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Complicatio of Decumb</i>	How long <i>about 3 yrs</i>
Immediate <i>paralyse</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Harrison Tamm</i>
	Address <i>Elk Ridge Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		July	29	61			19
Sex	Color or Race	Birth place					
Male	White	Howard Co. Md					
Occupation		Where Residing if not at place of death					
Carpenter		at Home					
Married, Single or Widowed	Name of Wife or Husband						
Married	Ananda	Pickett					
Father's Name	Charles Pickett			Father's Birthplace	Carroll Co. Md		
Mother's Maiden Name	Mary Ann Cartrell			Mother's Birthplace			
Name of person giving information	R. W. Bowman			How related to deceased	Nephew		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Heart Disease	How long	
Immediate	Heart Failure	How long	Several -
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		R. O. D. Waifiler	
		Address	Lisbon Md
Accident or Suicide?			



Name
in
Full

Gustavus

Poole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

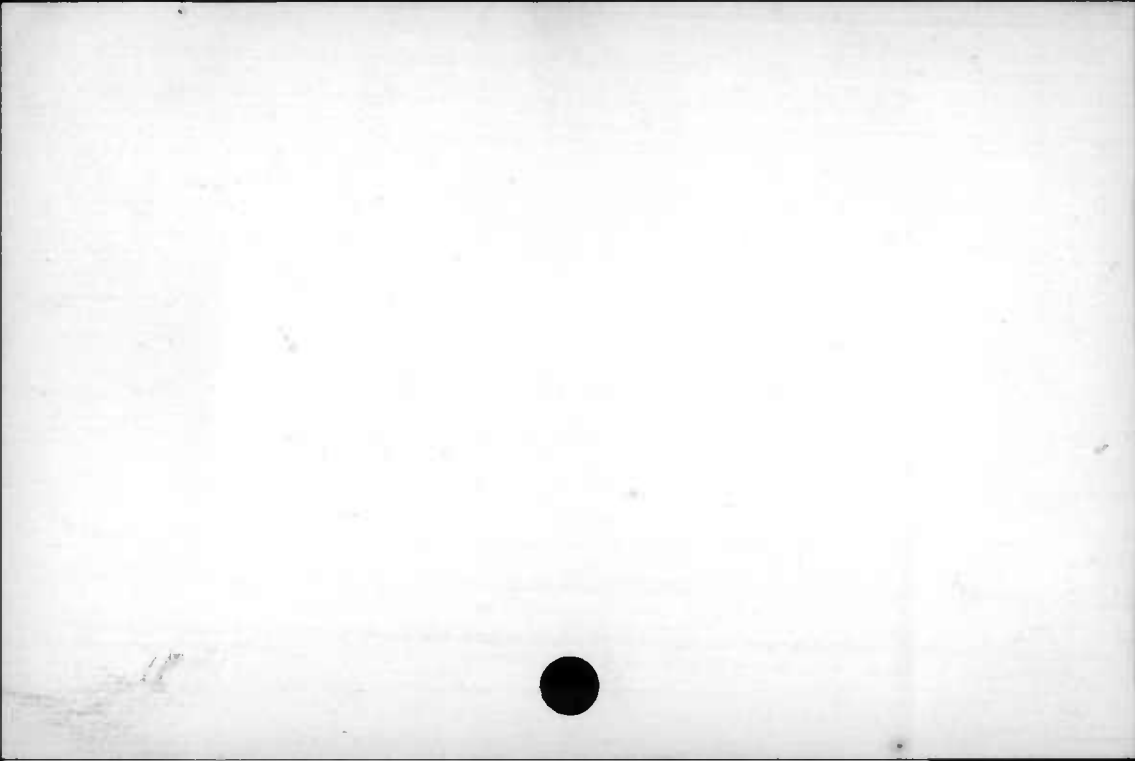
Died at <i>Loony</i> Town		County <i>Howard</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>July</i>	Day <i>13</i>	Age <i>53</i>	Years <i>53</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Ivory</i>				
Married, Single or Widowed <input checked="" type="checkbox"/>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Aaron Poole</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Airy Unknown</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>John D. Selby</i>	How related to deceased <i>No Relation</i>				

CAUSES OF DEATH

26

PHYSICIAN
OR CORONER

Primary <i>Laryngeal Tuberculosis</i>	How long <i>6 month.</i>
Immediate <i>Extended Base of Lung Exhaustion</i>	How long <i>3 Weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John W. Webb</i>
	Address <i>West Friendship, Howard Co. Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Emma T. Rober* Town *Alburtin* County *Howard*

Died at *Alburtin* Maryland

Date of death 190 *7* Month *July* Day *22* Age *~~3~~* Years Months *3* Days *—*

Sex *Female* Color or Race *White* Birth-place *Md*

~~Married, Single or Widowed~~ Occupation *—*

Name of Wife or Husband *—*

Father's Name *John A Rober* Father's Birthplace *Ta*

Mother's Maiden Name *Della M Neal* Mother's Birthplace *Md*

Name of person giving information *John A Rober* How related to deceased *Father*

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary *Pertussis* How long *3 or 4 wks*

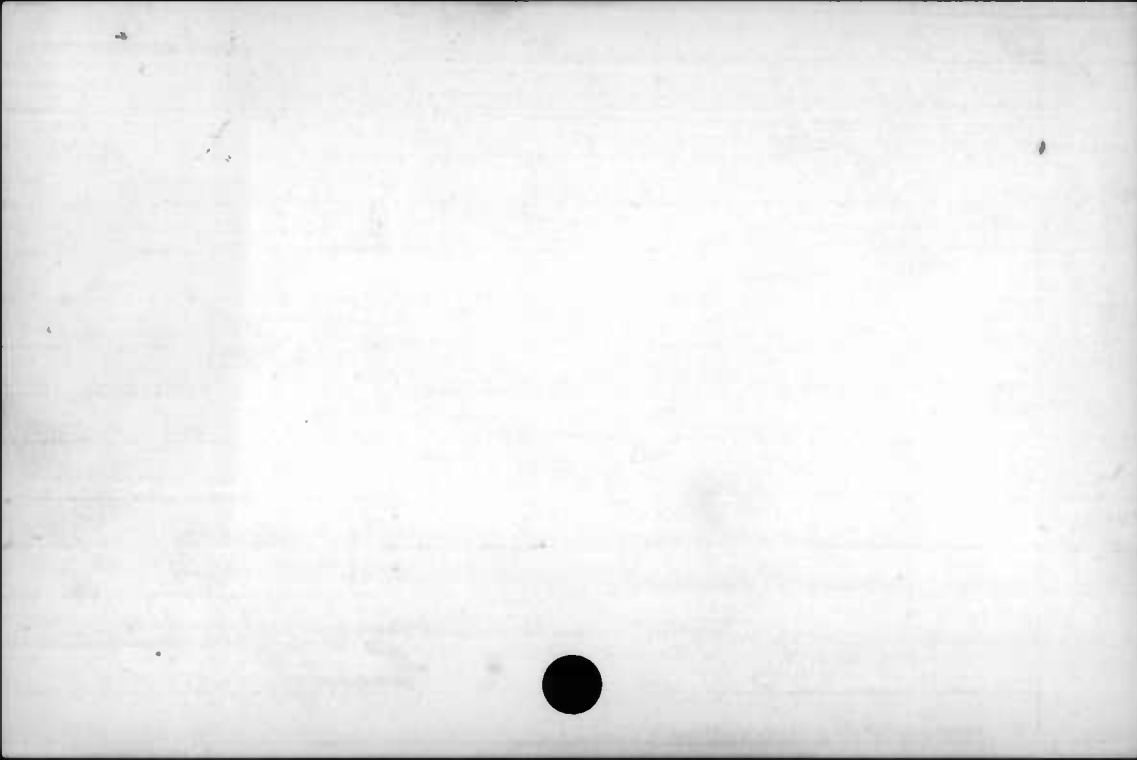
Immediate *Right Hemiplegia.* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician *Frank L. Miller MD*

Address *Ellicott City Md*

Accident or Suicide? *—*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Wilbur Francis Schultz

Died at Guilford

Town

County

Howard

MARYLAND

Date of death 1907 July

Month

Day

17th

Age

Years

Months

Days

14

Sex Male

Color or Race

white

Birth-place

Baltimore Md

Occupation

Where Residing if not at place of death

804 George St/Balto

Married, Single or Widowed

Name of Wife or Husband

Father's Name

John S Schultz

Father's Birthplace

Balto Md.

Mother's Maiden Name

Mary C Vollmerhausen

Mother's Birthplace

Md.

Name of person giving Information

Mrs J F Schultz

How related to deceased

mother

CAUSES OF DEATH

Primary

Pneumonia

(93)

How long

seven days

Immediate

Heart failure

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

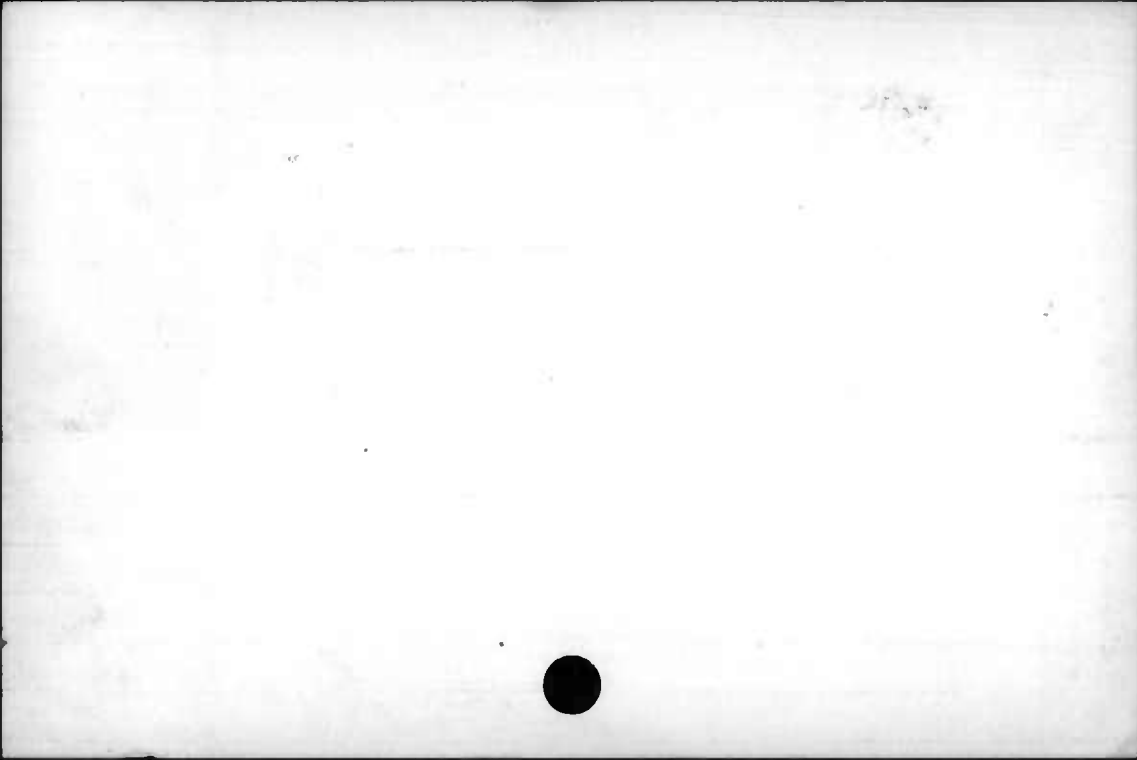
Chas B. Timblison

Address

Guilford Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Alpheus Ferdinand Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cooksville		County Howard		MARYLAND	
Date of death	1907	Month July	Day 18	Age 1	Years 1	Months 1	Days —
Sex Male	Color or Race Colored		Birth-place Maryland				
Occupation None			Where Residing if not at place of death —				
Married, Single or Widowed —			Name of Wife or Husband —				
Father's Name Ermon Thomas				Father's Birthplace Carroll Co.,			
Mother's Maiden Name Rose Lee Boone				Mother's Birthplace Howard Co.,			
Name of person giving information Rose Lee Boone				How related to deceased Mother,			

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	Infantile Spasms	How long 10
Immediate	Exhaustion	How long —
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
yes		John W. Hebb
		Address
		West Friendship
		Howard County, Md.
Accident or Suicide?		
—		

